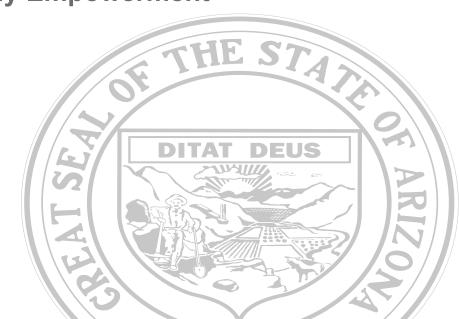
Governor Ducey's Council on Child Safety and Family Empowerment

March 8, 2018

Governor's Executive Tower 2nd Floor Conference Room

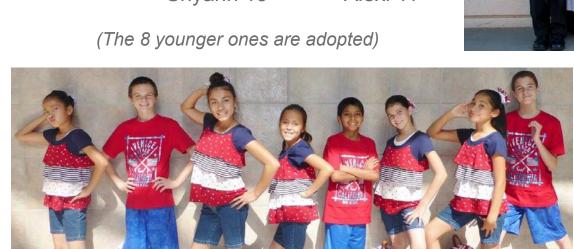




Mathew & Maxine and their 9 Children

Arrington Family

Jacoby 20 Kenton 14 Sholann 12 Joben 16 Kyson 13 Jazlyn 12 Alora 15 Shyann 13 Alexi 11





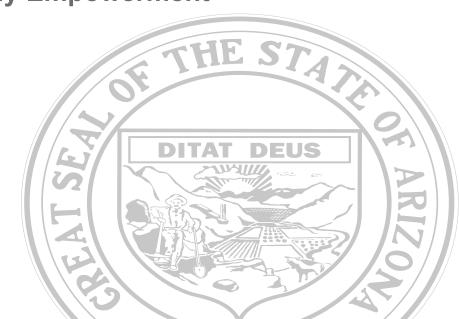


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SAFE FOSTER CARE REDUCTION

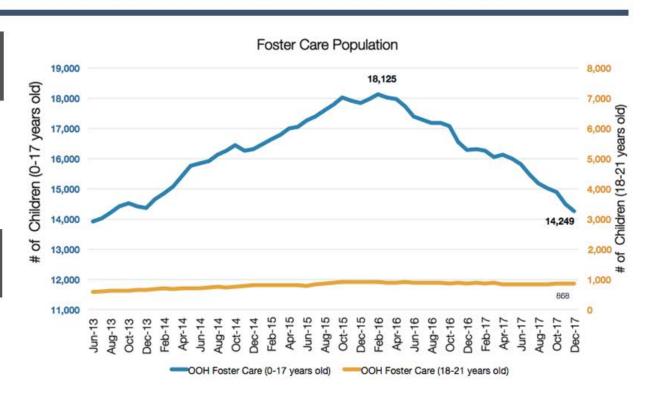
PROVIDING LOVING HOMES FOR KIDS IN STATE CARE

19,044

Arizona's foster care population as of March 2016.

15,117

Arizona's foster care population today.



SAFE FOSTER CARE REDUCTION

PROVIDING LOVING HOMES FOR KIDS IN STATE CARE

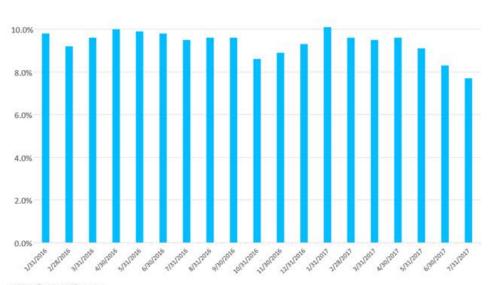
12.0%

21%

- Reduction of the foster care population within the last 24 months.
- Ranks AZ best state in the U.S. for safe foster care reduction representing the largest % change nationally.

Re-entry within 6 months of Exiting Care

Children who exited care 6 months ago this month, what % reentered care in the last 6 months



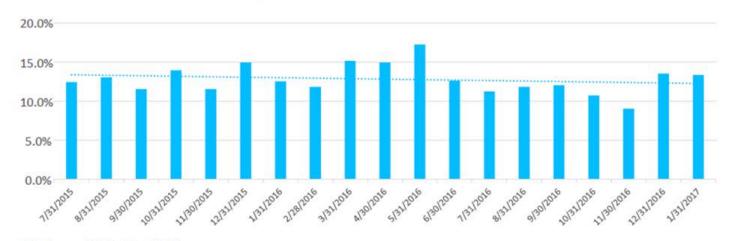
NOTE: Rolling 6 month average Data Source: DCS Einstein, 2.7.18

SAFE FOSTER CARE REDUCTION

PROVIDING LOVING HOMES FOR KIDS IN STATE CARE

Re-report within 12 months of Exiting Care

Children who exited care 1 year ago this month, what % had a re-report of abuse or neglect in the last 12 months



Data Source: DCS Einstein, 2.7.18

CONTINUOUS IMPROVEMENT

- Best in class hotline for citizens and mandated reporters
- Improved response time compliance from 54% to 92%
- Reduced inactive case backlog from 16,200 to 178
- Reduced total open reports from 33,245 to 5,669
- Reduced investigative caseloads from 145:1 to 14:1
- →Reduced service waitlist from 1,000+ to 52 families
- Increased finalized adoptions by 30% (CY14 vs CY17)

OPERATING EFFICIENTLY

- Cost avoided \$67M supplemental request through service contract negotiations and safe foster care reduction
- Reduced the use of shelter care by 60%
- Increased state vehicle utilization saving \$1M+ in personally owner vehicle reimbursement
- Reduced overtime \$4M annual savings
- Reduced use of private lease facilities from 84 to 63 facilities saving \$2M annually

SAFE PLACEMENT PROCESS

- Emergent Placements:
 - DPS Query; ACIC, NCIC, SORI, now III (DCS legislation, enacted 2017)
 - CHILDS and Central Registry checks
 - Home check with follow up referral for complete home study by private agency
 - Fingerprinting (DCS 1st to pilot "Field Print" with DPS)
 - Ordered by the court of jurisdiction

- Licensed Foster Placements:
 - Criminal background, training, life safety inspection, home study
 - Fingerprint clearance cards run every 24 hours to alert DCS of arrest
 - 26 HRSS (Home Recruitment Study Supervision) agencies accountable; \$39M annual spend
 - Ordered by the court jurisdiction

CHALLENGES AHEAD

- Continued need for congregate care (sibling groups, juvenile justice, kids > 10 years of age)
- Court and system backups leading to permanency delays
- Behavioral Health delivery; exploring integration models
- Massive change to federal funding streams

FAMILIES FIRST ACT – SIGNIFICANT CHANGES TO TITLE IV-E FUNDING - <\$40-44M>

Congregate Care – Potential Impact \$36-40M FFY20 (or delayed enactment FFY22)

- Current Condition: Permits IV-E service reimbursement for qualifying children in this placement regardless of definition and reason for placement
- Future State Condition Permits IV-E service reimbursement for all children for the first 14 days and then only 4 particular qualifying conditions thereafter. Any child in this placement more than 1 year requires approval from Director of HHS.

ADOPTION SUBSIDY - POTENTIAL IMPACT <\$4M> IN FFY20

Adoption Subsidy – Potential Impact <\$4M> in FFY20

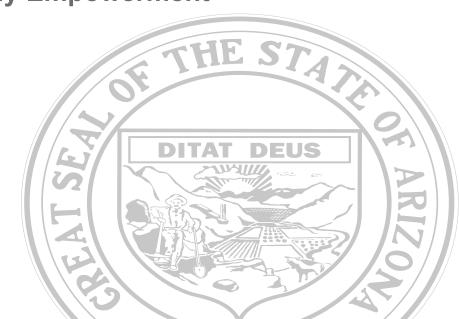
- Current Condition Federal funding was set to permit IV-E adoption subsidy recovery for children ages 0-2 beginning in Jan 1st 2018.
 This was built into the DCS budget forecast for SFY19 and beyond.
- Future State Condition New Legislation will delay this roll out until June 30th 2024.
- This new legislation does include enhancements to and recovery of IV-E funding for prevention and other programs.

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Maternal, Infant and Early Childhood Home Visiting and Strong Families AZ

March 8, 2018

Prepared for: Governor's Office of Youth, Faith and Family

Bureau of Women's and Children's Health

Laura Bellucci | Chief, Office of Children's Health

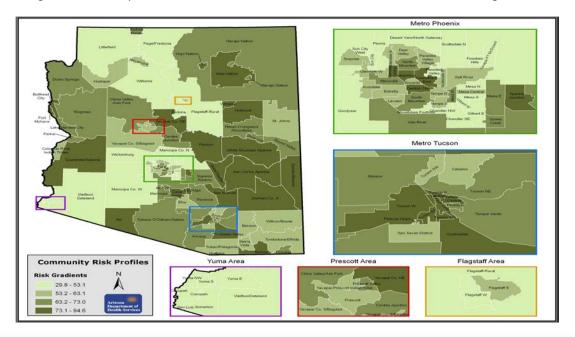
Jessica Stewart | Program Director, MIECHV

Arizona MIECHV Background

- The Arizona Early Childhood Home Visiting Task Force 2010
- 2010 MIECHV Funding became available
- Arizona MIECHV Application
- 2010 Needs Assessment
- ADHS was selected as the administrator of the MIECHV Grant

Community Risk Profiles

http://www.azdhs.gov/documents/prevention/womens-childrens-health/childrens-health/homevisiting/needs-assessment-2010.pdf



Benchmarks

- Maternal and Child Health
- Child Injuries, Abuse, Neglect, Maltreatment and ED Visits
- School Readiness and Achievement

- Domestic Violence
- Family Economic Self Sufficiency
- Coordination and Referrals for Other Community Resources and Supports

Program Implementation

Primary Outcomes	BenchMarks	Early Head Start	Family Checkup	HFA	Healthy Steps	НІРРҮ	NFP	PAT
1. Child health	1			*	*	N/A	*	
2. Child development and school readiness	3	*	*	☆	*	*	☆	*
3. Improvements in family economic self-sufficiency	5		N/A		N/A	N/A	☆	
4. Improvements in the coordination and referrals for other community resources and supports	6	N/A	N/A	*	N/A	N/A		N/A
5. Maternal health	1					N/A	☆	N/A
6. Parenting skills	3	*	*	*	*	*	☆	☆
7. Prevention of child injuries and maltreatment	2		N/A			N/A	☆	N/A
8. Reductions in crime or domestic violence	4	N/A	N/A			N/A		N/A
TOTALS		2	2	4	3	2	6	2

Primary measures were defined as outcomes measured through direct observation, direct assessment, administrative data, or self-report data collected using a standardized (normed) instrument.

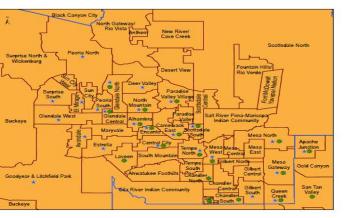
Implementation

- Community meetings in identified areas
- Included members of the community including early childhood development, educators, family resource centers, police/fire, parents and families, home visiting programs, nurses, agencies that provide services to families in the community
- Provided program information on the selected programs
- Facilitated discussion regarding community need, current services, capacity to serve, challenges/ barriers and strengths
- Community determined which program, if any, would best fit their needs
- Coordinated to implement services

Arizona's Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program



Metro Phoenix



Current
Service Areas
and
Implemented
Programs

Metro Tucson





Grant Awards

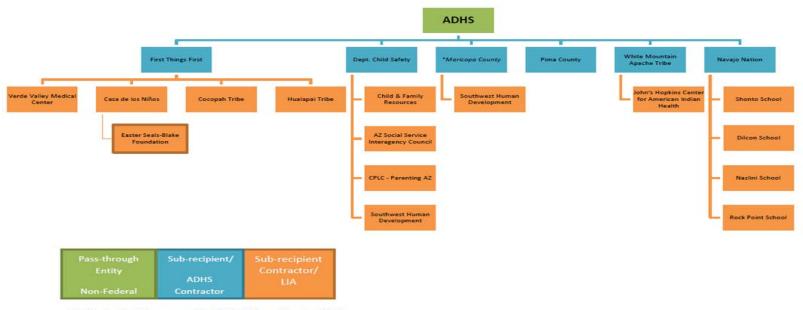
Grant Number	Budget Period	Award Amount
X10MC29460	4/1/16-9/30/18	\$10,934,069
X10MC31127	9/30/17-9/30/19	\$10,846,596

- MIECHV Reauthorized for 5 years
- Formula
 - Number of children under 5 in Arizona
 - Number of children under the Federal Poverty Level in Arizona
 - Performance- Improvement in 4/6 Benchmark areas

Arizona MIECHV Contract Monitoring Flow Chart

Maternal, Infant and Early Childhood Home Visiting Program
(MIECHV)

FY 10/1/2016-9/30/2019



^{*}Indicates that the agency is both the Sub-recipient and LIA



To date for FFY 18 October 1, 2017-February 28, 2018

- Healthy Families, Parents As Teachers, Nurse Family Partnership and Family Spirit
- 1,560 clients served
- 11,617 home visits completed
- 71.25 home visitors

Strong Families AZ

https://strongfamiliesaz.com





Find a Program Near Me					
85007 GET STARTED	I want help with				
Reset Program Search	 I'm overwhelmed or depressed and would like to learn how to better manage my stress 				
Refine Your Results	☐ I'm interested in educational				
About You	development for my child				
☐ I am a first time mother	 I'm interested in learning how to 				
☐ I am an expectant parent	improve my parenting skills				
☐ I live in a low income household	☐ Ilm interested in actting my child				
☐ I am a single parent	l'm interested in getting my child				
☐ Hablo Español	ready for school				
I am of Native American Heritage	 I'm interested in making changes to 				
I am a young adult/teenager parenting my child	improve the quality of life for my				
☐ I have a high risk pregnancy	child(ren).				
About Your Child My family includes a:	 I'm interested in learning more about the development of my child 				
 I have a newborn child (less than 3 months old) 	 I'm interested in learning how to increase my support system 				
☐ My child is under 2 years old					
My child is over 2 years old					

I have more than one child

Programs

- Healthy Families
- Nurse Family Partnership
- Parents as Teachers
- High Risk Perinatal Program
- Health Start
- Early Head Start
- Family Spirit
- Safe Care

Programs Cont. FAMILIESAZ Programs to Help Parents in Arizona Find a Program Near Me We connect you with free home visiting programs that help parents with children birth-five and pregnant women be successful, healthy and strong. Zip Code **GET STARTED** Our Programs (Search by zip code to see programs in your area) For women who are pregnant or have a child under 2 years old If you are pregnant or a mother facing challenges, it's important to know that someone can help you. Arizona Health Start is here to help. Our home visitors can connect you with a variety of community organizations that provide health care, education, parenting resources, and application assistance for other programs. We will get to know you and your family, so we can help you get the resources you need. We understand your culture, because we live in your community. We also understand what you're going through, because we've helped families just like yours. For families with children under 5 years old

Head Start (for children 3-5) and Early Head Start (pregnant women and children 0-3) has a variety of program and service delivery options including Center Base, Home-Base, Combination (Home & Center) or Family Child Care, Each program incorporates an individualized approach to high-quality services for low-income pregnant women and children age birth to five. Families receive support and

guidance from Head Start staff to become self-sufficient.



Programs Cont.



If you are pregnant or a mother facing challenges, it's HEALTH START important to know that someone can help you. Arizona PROGRAM Health Start is here to help. Our home visitors can connect you with a variety of community organizations that provide health care, education, parenting resources, and application assistance for other programs. We will get to know you and

your family, so we can help you get the resources you need. We understand your culture, because we live in your community. We also understand what you're going through, because we've helped families just like yours.

Benefits of Arizona Health Start:

- · You'll gain access to appropriate prenatal care for pregnant women.
- · We provide access to appropriate family medical care.
- We'll give application assistance for AHCCCS, WIC and other programs.
- · Women will receive a health screening.
- · We provide developmental screenings for children ages birth to age two.

Eligibility Requirements of Arizona Health Start:

- · Must have primary residence located within the Contractor's Program Site targeted service area.
- · Pregnant and/or postpartum women with children under the age of 2.
- · And one or more social risk factors.

How To Sign Up

- 1. Select your county below to find the Arizona Health Start representative in your area.
- 2. Email or call the representative and let him or her know you're interested. He or she

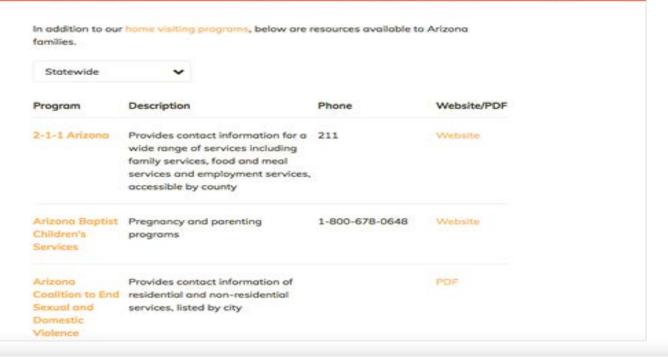
Success Stories



Every family is unique. The mission of Strong Families AZ is to match you with a home visiting program or service that best fits your needs.

Watch these videos to learn what people have to say about their experiences:

Community Services and Supports





- Home Visitors, supervisors, partners can access the home visitor portal with a login
- Access professional development opportunities
- Documents and Forms
- Sign up for the newsletter

THANK YOU

Laura Bellucci | Chief, Office of Children's Health Laura.bellucci@azdhs.gov | 602-364-1454

Jessica Stewart | Program Director, MIECHV <u>Jessica.stewart@azdhs.gov</u> | 602-364-1441

azhealth.gov

@azdhs

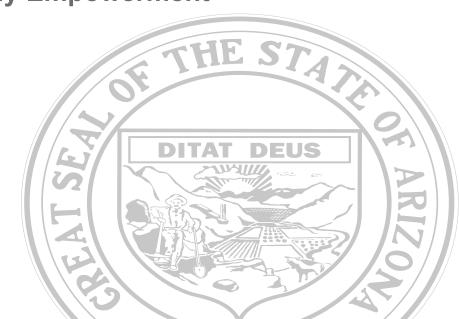
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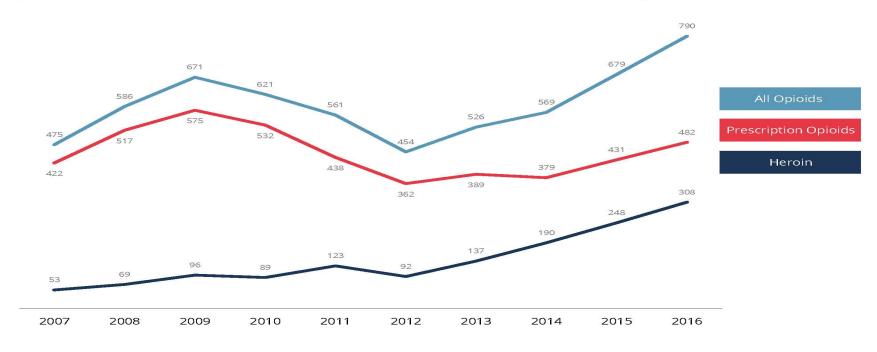
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Arizona Opioid Epidemic Act

Opioid Deaths are Increasing



Opioid death counts in Arizona from 2007 to 2016

Opioid Emergency Declaration

On June 5, 2017,
Arizona Governor Doug Ducey declared a
State of Emergency
due to an opioid overdose epidemic



Opioid Epidemic

ADHS Home / Public Health Prevention / Women's and Children's Health / Injury Prevention / Opioid Epidemic - Home

Home

Real Time Opioid Data

For the first time, statewide opioid data is available in real time. Check out the details of the five categories of data we are now collecting.

910 suspect opioid deaths

5,810 overdoses

590 neonatal abstinence syndrome

8,101 naloxone doses dispensed

3,781 administered



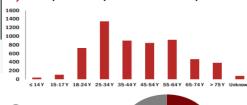
- · Learn about the new Arizona Opioid Epidemic Act | Español
- . New emergency rules for Opioid Poisoning-Related Reporting have been released and are now in effect. Review the new emergency rules.
- . Draft Opioid Prescribing and Treatment rule for regular rulemaking has been posted. Review our recently released Opioid Emergency Rulemaking notice and Emergency Rules Q & A.
- · Check out our latest progress on the opioid response.
- The final draft of the Arizona Opioid Prescribing Guidelines is now available (updated Dec. 2017).

Opioid Report

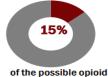
June 15 - February 8, 2018

Opioid Overdoses & Deaths

5.810 possible opioid overdoses reported









overdoses were fatal

Neonatal Abstinence Syndrome

590 Arizona babies born with possible drug-related withdrawal symptoms

Naloxone

3,781

naloxone doses administered outside of the hospital by emergency medical services, law enforcement, and others

8,101

naloxone kits distributed to the public by pharmacies

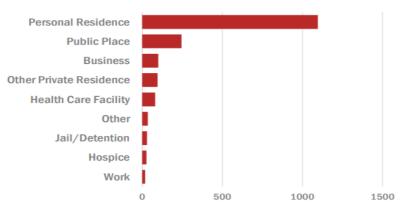


The number of possible opioid overdoses reported weekly* has ranged from 103 to 270.

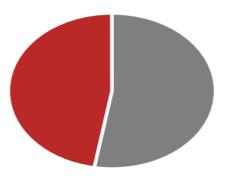


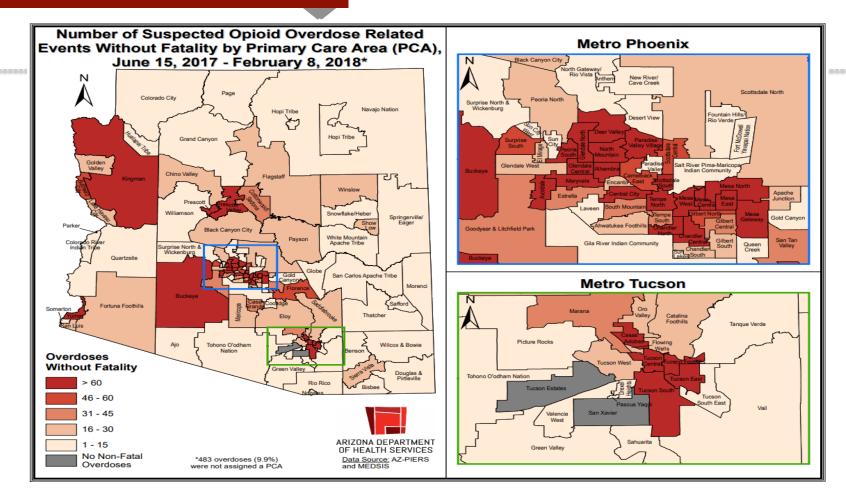
* Reported through 2/1 due to 5 business day reporting lag





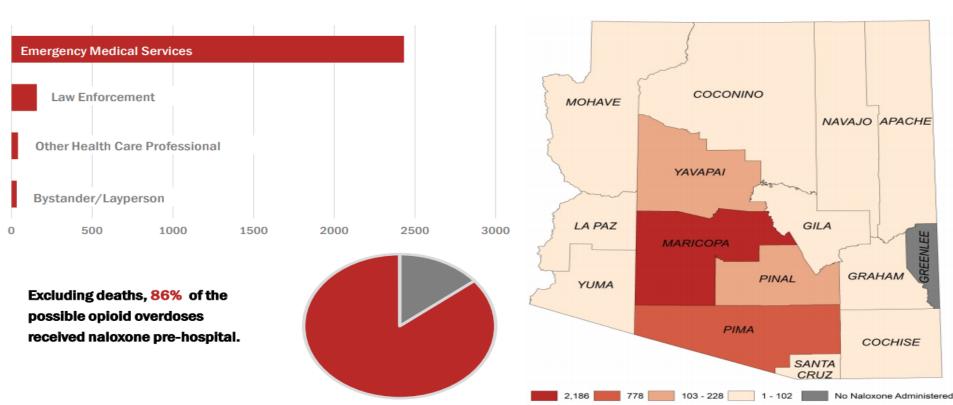
47% of individuals were referred to behavioral health after their possible opioid overdose.





Naloxone was reported to be administered in 14 of the 15 counties since June 15th.

Naloxone was administered by a variety of different partners.





ARIZONA OPIOID EPIDEMIC ACT



Access to Treatment

Caring For Those Who Have Sought Treatment

 Require licensed behavioral health residential facilities and recovery homes to develop policies and procedures that allow individuals on MAT to continue to receive care in their facilities.

Treating an Overdose AND Treating Addiction

Require healthcare institutions to refer a patient to behavioral health services after treatment of an overdose.

Develop an Inventory of Treatment Facilities

 Require ADHS to collect information on inpatient and outpatient treatment facilities, identify gaps in access to treatment, and publish a public report with recommendations for improving access to treatment.

Closing the Access to Treatment Gap

Appropriation of \$10 million that will go to providing treatment for uninsured or underinsured
 Arizonans in need of treatment.

Preventing Addiction for Arizona Youth

- Providing funds for prevention:
 - Appropriates approximately \$400,000 to the Department of Health Services to create an opioid abuse prevention campaign.
 - Appropriates approximately \$400,000 dollars to the Attorney General for the purpose of awarding grants for community opioid education and prevention efforts

Targeting Bad Actors

Ending Pill Mills

- Eliminate the practice of dispensing opioids on site, except for those opioids prescribed as part of medication assisted treatment.
- Provide ADHS, the Medical Boards and the Nursing Board with the ability to adopt rules to limit these practices.

Increasing Oversight and Accountability

 Provide medical licensing boards access to prescribing data, to check for bad actors in the system.

Holding Manufacturers Accountable

- Enact criminal penalties for manufacturers who defraud the public about their products.
- Ensure that a person convicted of fraud involving the manufacture, sale, or marketing of opioids is **not eligible for suspension of sentence**. Under this plan: if a manufacturer engages in fraudulent activity, they will face prison time.

Good Samaritan Law

- "Good Samaritan" law to encourage people to call
 911 for a potential opioid overdose.
- This legislative proposal is crafted to ensure law enforcement can collect contraband and charge for any non-drug related crimes occurring on the scene.
- The law also sunsets in five years, recognizing the immediate emergency Arizona faces.

Angel Initiative

- Expand access to the Angel Initiative by requiring all counties to designate one location to offer Angel Initiative services.
 - The Initiative allows citizens to walk into a police precinct, turn in their drugs and request treatment without fear of prosecution.

Prescriber Education

- Codify the governor's call for the medical licensing board to require at least three hours of opioid-related Continuing Medical Education (CME) for doctors who are licensed to prescribe opioids.
- Require medical students to receive three hours of opioid related courses to ensure they are equipped with the most current information about prescribing opioids.

E-Prescribing

- E-prescribing allows medical officials to write and transmit prescriptions to a pharmacy electronically.
- Require e-prescribing by 2019 for drugs that have a high potential for abuse, such as OxyContin, to mitigate fraudulent prescriptions.
- The Board of Pharmacy may provide a waiver for doctors that face hardships that prevent implementing e-prescribing.

Responsible Dosage Limits

- Limit opioid dose levels to less than 90 MME/day for most patients, with exemptions that protect the following:
 - Does not apply to a continuation of a prior prescription issued within 60 days.
 - Does not apply to cancer patients, trauma patients, burn patients, hospice, end-of-life care, or medication-assisted treatment for substance use disorder.
 - If a doctor believes it is medically necessary for a patient who does not meet one of the above exemptions to receive a daily dose above 90 MME, the doctor may do so if he or she consults with a board-certified, fellowship trained pain specialist who approves the recommendation.
 - Consultation may be completed by telephone or through telemedicine.
 - If a consulting physician is unavailable for consultation within 48 hours, the requesting health professional may prescribe in excess of 90 MME and subsequently have the consultation.

5-Day Limits on First Fills

- According to the CDC, for a prescription for acute pain, 3 days supply or less of opioid pills is often sufficient, and more than 7 days is rarely needed.
- The **probability of long-term opioid use increases** most sharply in the first days of therapy, particularly **after five days**.
- Place a 5-day limit on initial opioid prescriptions.
 - Exempts cancer patients, patients who experience a traumatic injury, surgery patients, continuation of a prior prescription order, hospice care, end-of-life care, palliative care, nursing care facilities, and infants being weaned off opioids at the time of hospital discharge.

Expediting Pre-Authorization

- Require insurance companies to provide responses to preauthorization requests within five days for urgent cases and 14 days for non-urgent cases, reducing the time in which a patient is reliant on an opioid prescription.
- Prohibits retroactive denials
- Require insurance providers to identify medication assisted treatment options that are available without preauthorization.

Opioid Packaging

- Patient education is vital to mitigating misuse and abuse. A
 red cap can motivate patients to seek more information from
 their pharmacists on the risks associated with the opioids.
- Require different labeling and packaging for opioids ("red caps").
 - By changing the color of the caps and adding an addiction warning label, patients will have a clear warning and be able to make more informed decisions about the medication they choose to take.

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